### FORM D



## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

05004820

### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| SEC USE ONLY |         |        |  |  |
|--------------|---------|--------|--|--|
| Prefix       |         | Serial |  |  |
|              |         |        |  |  |
| DAT          | E RECEI | VED    |  |  |
|              |         |        |  |  |

| Name of Offering   | nge.)                                       |  |  |  |
|--|---|--|--|--|
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule  | 506 Section 4(6) ULOE                       |  |  |  |
| Type of Filing: New Filing 🗸 Amendment   |   |  |  |  |
| A. BASIC IDENTIFICATION DATA   |   |  |  |  |
| Enter the information requested about the issuer   |   |  |  |  |
| Name of Issuer check if this is an amendment and name has changed, and indicate change   | 2.)   |  |  |  |
| Managed Quantitative Advisors Multistrategy Fund LLC   |   |  |  |  |
| Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)   |   |  |  |  |
| One Post Road, Fairfield, CT 06824   | (203) 319-1672                              |  |  |  |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code)  | Telephone Number (Including Area Code)      |  |  |  |
| (If different from Executive Offices)  | PROCESS.                                    |  |  |  |
| Brief Description of Business  | · · · · · · · · · · · · · · · · · · ·       |  |  |  |
| Private investment company.  | FEB 2 2 2005                                |  |  |  |
|  | PROCESSED  FEB 2 2 2005   THOMSON FINANCIAL |  |  |  |
| Type of Business Organization  |   |  |  |  |
| corporation limited partnership, already formed  | other (please specify): LLC                 |  |  |  |
| ☐ business trust ☐ limited partnership, to be formed   | other (please specify): 220                 |  |  |  |
| Actual or Estimated Date of Incorporation or Organization:  Month Year  O 1 0 2  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation CN for Canada; FN for other foreign jurisdiction) | -     -                                     |  |  |  |

### GENERAL INSTRUCTIONS

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (2-97) 1 of 8



|   |                       |                                   | TIFICATION DATA                        |                         |                                    |
|---|-----------------------|-----------------------------------|--|-------------------------|------------------------------------|
| 2. Enter the information rec                            | quested for the follo | owing:                            |  |                         |                                    |
| <ul> <li>Each promoter of the</li> </ul>                | issuer, if the issue  | r has been organized within th    | e past five years;                     |                         |                                    |
| <ul> <li>Each beneficial owner</li> </ul>               | er having the power   | r to vote or dispose, or direct t | he vote or disposition of, 10%         | 6 or more of a class of | of equity securities of the issuer |
| • Each executive office                                 | er and director of c  | orporate issuers and of corpora   | ate general and managing par           | tners of partnership i  | ssuers; and                        |
| Each general and man                                    | naging partner of p   | artnership issuers.               |  |                         |                                    |
| Check Box(es) that Apply:                               | Promoter              | Beneficial Owner                  | Executive Officer                      | Director                | General and/or Managing Partner    |
| Full Name (Last name first, and Managed Quantitative Ac | ,                     |                                   |  |                         |                                    |
| Business or Residence Addre                             |                       | treet City State Zin Code)        |  |                         |                                    |
| One Post Road, Fairfield                                | ,                     | need, end, suite, sup code,       |  |                         |                                    |
| Check Box(es) that Apply:                               | Promoter              | Beneficial Owner                  | Executive Officer *  * of the Managing | ☐ Director              | General and/or Managing Partner    |
| Full Name (Last name first,                             | if individual)        |                                   |  |                         |                                    |
| Nickelson, Donald E.                                    |                       |                                   |  |                         |                                    |
| Business or Residence Addre                             | ess (Number and S     | treet, City, State, Zip Code)     |  |                         |                                    |
| One Post Road, Fairfield                                | , CT 06824            |                                   |  |                         |                                    |
| Check Box(es) that Apply:                               | Promoter              | Beneficial Owner                  | Executive Officer *  * of the Managing | ☐ Director<br>Member    | General and/or Managing Partner    |
| Full Name (Last name first,                             | if individual)        |                                   |  |                         |                                    |
| Raha, Edward A.   |                       |                                   |  |                         |                                    |
| Business or Residence Addre                             | ess (Number and S     | treet, City, State, Zip Code)     |  |                         |                                    |
| One Post Road, Fairfield                                | , CT 06824            |                                   |  |                         |                                    |
| Check Box(es) that Apply:                               | Promoter              | Beneficial Owner                  | Executive Officer                      | Director                | General and/or Managing Partner    |
| Full Name (Last name first,                             | if individual)        |                                   |  |                         |                                    |
| Business or Residence Addre                             | ess (Number and S     | treet, City, State, Zip Code)     |  |                         |                                    |
| Check Box(es) that Apply:                               | Promoter              | Beneficial Owner                  | Executive Officer                      | Director                | General and/or Managing Partner    |
| Full Name (Last name first,                             | if individual)        |                                   |  |                         |                                    |
| Business or Residence Address                           | ess (Number and S     | treet, City, State, Zip Code)     |  |                         |                                    |
| Check Box(es) that Apply:                               | Promoter              | Beneficial Owner                  | Executive Officer                      | Director                | General and/or Managing Partner    |
| Full Name (Last name first,                             | if individual)        |                                   |  |                         |                                    |
| Business or Residence Addr                              | ess (Number and S     | treet, City, State, Zip Code)     |  |                         |                                    |
| Check Box(es) that Apply:                               | Promoter              | Beneficial Owner                  | Executive Officer                      | Director                | General and/or Managing Partner    |
| Full Name (Last name first,                             | if individual)        |                                   |  |                         |                                    |
| Business or Residence Addre                             | ess (Number and S     | treet, City, State, Zip Code)     |  | <u> </u>                |                                    |

|                | B. INFORMATION ABOUT OFFERING   | 37         |          |
|----------------|---|------------|----------|
| 1. Has th      | te issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  | Yes        | No       |
| 1, 1145 (1     | ·   | لــا       | <u>~</u> |
|                | Answer also in Appendix, Column 2, if filing under ULOE.  | _          |          |
|                | ·   | \$ 1,000   | 3,000*   |
| 3. Does        | be waived by the Managing Member. the offering permit joint ownership of a single unit?   | Yes        | No       |
|                |   | ~          |          |
|                | the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar teration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person |            |          |
|                | nt of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5)  |            |          |
|                | ns to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or   |            |          |
| dealer         |   |            |          |
| Full Name      | (Last name first, if individual)  |            |          |
|                |   |            |          |
| Business or    | r Residence Address (Number and Street, City, State, Zip Code)  |            |          |
|                |   |            |          |
| Name of A      | ssociated Broker or Dealer  |            |          |
|                |   |            |          |
|                |   |            |          |
| States in W    | hich Person Listed Has Solicited or Intends to Solicit Purchasers   |            |          |
| (Check "Al     | ll States" or check individual States)  | All S      | tates    |
| $\square$ [AL] |   | ) <u> </u> | [ID]     |
|                | $\square$ [IN] $\square$ [IA] $\square$ [KS] $\square$ [KY] $\square$ [LA] $\square$ [ME] $\square$ [MD] $\square$ [MA] $\square$ [MI] $\square$ [MN] $\square$ [MS   | ,]         | [MO]     |
| <u></u> [МТ]   | $\square$ [NE) $\square$ [NV] $\square$ [NH] $\square$ [NI] $\square$ [NM] $\square$ [NY] $\square$ [ND] $\square$ [OH] $\square$ [OK] $\square$ [OR  | _          | [PA]     |
| <u></u> [RI]   | $\lfloor [SC] \ \lfloor [SD] \ \lfloor [TN] \ \lfloor [TX] \ \lfloor [UT] \ \lfloor [VT] \ \lfloor [VA] \ \lfloor [WA] \ \lfloor [WV] \ \lfloor [WI] \ \lfloor [WY]$  | <u> </u>   | [PR]     |
| Full Name      | (Last name first, if individual)  |            |          |
|                |   |            |          |
| Business o     | r Residence Address (Number and Street, City, State, Zip Code)  |            |          |
|                |   |            |          |
| Name of A      | ssociated Broker or Dealer  | -          |          |
|                |   |            |          |
| States in W    | hich Person Listed Has Solicited or Intends to Solicit Purchasers   |            |          |
|                | Il States" or check individual States)  | ] All S    | tates    |
|                |   | _          | [ID]     |
|                | [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS   | _          | [MO]     |
| [MT]           | [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR   | _          | [PA]     |
| [RI]           | $\square_{[SC]} \square_{[SD]} \square_{[TN]} \square_{[TX]} \square_{[UT]} \square_{[VT]} \square_{[VA]} \square_{[WA]} \square_{[WV]} \square_{[WI]} \square_{[WY]}$  |            | [PR]     |
|                | (Last name first, if individual)  |            |          |
|                |   |            |          |
| Business       | r Residence Address (Number and Street, City, State, Zip Code)  |            |          |
|                |   |            |          |
| - C ·          | ······································  |            |          |
| Name of A      | ssociated Broker or Dealer  |            |          |
|                |   |            |          |
|                | /hich Person Listed Has Solicited or Intends to Solicit Purchasers  | <b>-</b>   | _        |
| _              | Il States" or check individual States)  | _          | States   |
| [AL]           |   | _          | [ID]     |
|                | [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS]  | _          | [MO]     |
| [MT]           | [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR   |            | [PA]     |
| IRII           |   | (          | l [PR]   |

| umns below the amounts of the securities offered for exchange and already exchanged.  | Aggregate           | Amount   |
|---|---------------------|--|
| Type of Security  | Offering Price      | Already Sold   |
| Debt  | \$                  | \$   |
| Equity  | \$                  | \$   |
| Convertible Securities (including warrants)   | \$                  | \$   |
| Partnership Interests   | \$                  | \$   |
| Other (Specify LLC Membership Interests )   | \$ 500,000,000      | \$ 26,055,810  |
| Total   | \$ 500,000,000      | \$ 26,055,810  |
| Answer also in Appendix, Column 4, if filing under ULOE.  |                     |  |
| Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."  |                     | Aggregate  |
|   | Number<br>Investors | Dollar Amoun of Purchases  |
| Accredited Investors  | 5                   | \$ <u>26,055,810</u>   |
| Non-accredited Investors  |                     | \$   |
| Total (for filings under Rule 504 only)   |                     |  |
| Answer also in Appendix, Column 4, if filing under ULOE.  |                     |  |
| . If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the   |                     |  |
| issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.  |                     |  |
| issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this   | Type of<br>Security | Dollar Amoun<br>Sold   |
| issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.  | Security            |  |
| issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.  Type of Offering  | Security            | Sold   |
| issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.  Type of Offering  Rule 505  | Security            | Sold<br>\$<br>\$   |
| issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.  Type of Offering  Rule 505  Regulation A  | Security            | Sold   |
| issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.  Type of Offering  Rule 505  Regulation A  Rule 504  | Security            | \$\$<br>\$\$   |
| issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.  Type of Offering  Rule 505  Regulation A  Rule 504  Total  .a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and   | Security            | \$\$<br>\$\$   |
| issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.  Type of Offering  Rule 505  Regulation A  Rule 504  Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.   | Security            | Sold \$ \$ \$  |
| issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.  Type of Offering  Rule 505  Regulation A  Rule 504  Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees  | Security            | \$\$  \$\$  \$\$   |
| issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.  Type of Offering  Rule 505  Regulation A  Rule 504  Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees  Printing and Engraving Costs  | Security            | Sold  \$  \$  \$  \$  \$   |
| issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.  Type of Offering  Rule 505  Regulation A  Rule 504  Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees  Printing and Engraving Costs  Legal Fees  Accounting Fees                   | Security            | \$Sold \$S \$S \$S \$S \$S   |
| issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.  Type of Offering  Rule 505  Regulation A  Rule 504  Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees  Printing and Engraving Costs  Legal Fees  Accounting Fees  Engineering Fees | Security            | \$\$  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$  \$ |
| issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.  Type of Offering  Rule 505  Regulation A  Rule 504  Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees  Printing and Engraving Costs  Legal Fees  Accounting Fees                   | Security            | \$Sold \$S \$S \$S \$S \$S   |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

4 of 8

<sup>\*</sup> Placement Agents may receive selling compensation, to be determined, with respect to Interests sold by them.

\*\* The Managing Member paid all fees and expenses in connection with the organization of the Company and the initial offer and sale of the Interests and was not reimbursed by the Company. Continuing offering expenses will be paid by the Company.

| "        | Enter the difference between the aggre   |  |    |   |          |                       |
|----------|--|--|----|---|----------|-----------------------|
| 5. Ir    | uestion I and total expenses furnished in  | gate offering price given in response to Part C - response to Part C - Question 4.a. This difference is the  |    |   |          | \$ 499,990,000        |
| fo<br>a: | or each of the purposes shown. If the am<br>and check the box to the left of the estim | ross proceeds to the issuer used or proposed to be used ount for any purpose is not known, furnish an estimate ate. The total of the payments listed must equal the th in response to Part C - Question 4.b above.   |    | Payment to                              |          |                       |
|          |  |  |    | Officers,<br>Directors, &<br>Affiliates |          | Payments to<br>Others |
| S        | alaries and fees   |  |    | \$                                      |          | \$                    |
| P        | urchase of real estate   |  |    | \$                                      |          | \$                    |
| P        | urchase, rental or leasing and installation of   | f machinery and equipment  |    | \$                                      |          | \$                    |
| C        | Construction or leasing of plant buildings ar  | d facilities   |    | \$                                      |          | \$                    |
|          |  | e value of securities involved in this offering that curities of another issuer pursuant to a merger)  |    | \$                                      |          | \$                    |
| R        | epayment of indebtedness   |  |    | \$                                      |          | \$                    |
| V        | Vorking capital  |  |    | \$                                      |          | \$                    |
| C        | Other (specify): Investments in security   | ies  |    | \$                                      |          | \$ 499,990,000        |
| _        |  |  |    | \$                                      | _ 🗆      | \$                    |
| C        | Column Totals  |  |    | \$                                      | <b>✓</b> | \$ 499,990,000        |
| Т        | otal Payments Listed (column totals addec  | )  |    | <b>✓</b> \$                             | 499,990  | 0,000                 |
|          |  | D. FEDERAL SIGNATURE   |    |   |          |                       |
| consti   |  | ed by the undersigned duly authorized person. If this no h to the U.S. Securities and Exchange Commission, uposuant to paragraph (b)(2) of Rule 502.   |    |   |          |                       |
| Issue    | (Print or Type)  | Signature  | Da | nte /                                   |          |                       |
|          | naged Quantitative Advisors<br>tistrategy Fund LLC                                     | And the state of t |    | 2/8/0                                   | 5        |                       |
| Name     | of Signer (Print or Type)  | Title of Signer (Print or Type)  |    |   |          |                       |
|          | ard A. Raha  | President of the Managing Member   |    |   |          |                       |

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)